

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000067659

Entity Name: TITLE SOLUTIONS, INC.

FILED  
Apr 22, 2004  
Secretary of State

## Current Principal Place of Business:

5620 TARA BLVD  
SUITE 101  
BRADENTON, FL 34203 US

## New Principal Place of Business:

## Current Mailing Address:

5620 TARA BLVD  
SUITE 101  
BRADENTON, FL 34203 US

## New Mailing Address:

FEI Number: 65-0517908      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RUFFINO, MICHAEL T  
5620 TARA BLVD  
SUITE 101  
BRADENTON, FL 34203 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: RUFFINO, MICHAEL T  
Address: 2901 LITTLE COUNTRY ROAD  
City-St-Zip: PARRISH, FL 34219 US

Title: VP ( ) Delete  
Name: MAYBERRY, RONALD  
Address: 4004 128TH STREET W #903  
City-St-Zip: CORTEZ, FL 34215

Title: S ( ) Delete  
Name: RUFFINO, GERALDINE  
Address: 2901 LITTLE COUNTRY ROAD  
City-St-Zip: PARRISH, FL 34219

Title: T ( ) Delete  
Name: MAYBERRY, LADONNE  
Address: 4004 128TH STREET W #903  
City-St-Zip: CORTEZ, FL 34215

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LADONNE MAYBERRY

T

04/22/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date